

NOTICE OF VESSEL LIEN

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. BOX 150470
Hartford, CT 06115-0470
860-509-6002

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6002

REV. 05/23/2007

SPACE FOR OFFICE USE ONLY

Fee: \$25.00
File in Duplicate

To all persons whom it may concern a lien is claimed by me on the below described vessel:

1. OWNER'S EXACT LEGAL NAME

IF INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------	------------------	-------------------	--------------------	---------------

IF ORGANIZATION	NAME
------------------------	-------------

MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	COUNTRY	POSTAL CODE
---------------------------------------------	-------------	--------------	----------------	--------------------

2. CLAIMANT'S EXACT LEGAL NAME

IF INDIVIDUAL	LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----------------------	------------------	-------------------	--------------------	---------------

IF ORGANIZATION	NAME
------------------------	-------------

MAILING ADDRESS (Street or P.O. Box)	CITY	STATE	COUNTRY	POSTAL CODE
---------------------------------------------	-------------	--------------	----------------	--------------------

3. NAME OF VESSEL**4. REGISTRATION NUMBER****5. DESCRIPTION OF VESSEL AND NAME OF MANUFACTURER****6. HULL NUMBER****7. REGISTRATION NUMBER****8. TYPE OF PROPULSION****9. LENGTH****10. LOCATION OF VESSEL****11. AMOUNT OF CLAIM****12. BASIS OF CLAIM WITH DATES**

INTENDED SALE (If applicable – at least 60 days next succeeding filing of such notice)

DATE OF SALE

PLACE OF SALE

CLAIMANT'S SIGNATURE

DATE

